

PROJECT 10073 RECORD

| | |
|--|--|
| 1. DATE - TIME GROUP 20 October 68 20/2215 21/0315Z | 2. LOCATION Memphis, Tennessee |
| 3. SOURCE Civilian | 10. CONCLUSION AIRCRAFT |
| 4. NUMBER OF OBJECTS One | The observer also has a sighting for 30 September 68. |
| 5. LENGTH OF OBSERVATION 5 - 8 Minutes | 11. BRIEF SUMMARY AND ANALYSIS The observer sighted a point source of light that went from red to white and then back to red. |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE N | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

FORM

FTD SEP 63 0-329 (TDE)

Previous editions of this form may be used.

| | | | |
|---|-----------|--|-----------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? | | | |
| A. LIST THEIR NAMES AND ADDRESSES <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="float: right; text-align: right;">CHRISTIAN BROTHERS COLLEGE</div> | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> | | | |
| ADDRESS (Street, City, State and Zip Code) CBO <div style="background-color: black; width: 50px; height: 15px; display: inline-block;"></div> EAST PARKWAY SOUTH | | | |
| TELEPHONE (Area code and number) 901- <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> | AGE 18 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. <div style="text-align: center; padding-top: 20px;">JUST A STUDENT</div> | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? | | | |
| NAME <u>WRIGHT-PETERSON</u> | | DAY <u>20</u> | MONTH <u>OCT</u> YEAR <u>1968</u> |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. | | | |
| | | DAY <u>14</u> | MONTH <u>NOV</u> YEAR <u>1968</u> |

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

I'VE BEEN TOO BUSY TO FILL
OUT THE FORM UNTIL JUST NOW.
ALL INFO IS, I AM SURE, ACCURATE

24 OCT 1968

EDPT (UFO) Lt Col Quintanilla/70916/mhs/23 Oct 68

UFO Observation, 20 October 1968

[REDACTED]
[REDACTED]
[REDACTED]
Memphis, Tennessee 38104

1. Reference your unidentified flying object (UFO) sighting of 20 October 1968 which you reported to the Duty Officer at Wright-Patterson AFB, Ohio. The information which you provided is not sufficient for evaluation. Request you complete the inclosed AF Form 117 and return it in the inclosed envelope. If there were any witnesses to the sighting, please list their complete names and addresses.
2. In the future, if you should ever observe another UFO, please report it to the nearest Air Force unit. The closest one to you is the 97th Bombardment Wing, Blytheville AFB, Arkansas. The local UFO investigator, who is in a better position to make an on-the-spot investigation, is usually able to achieve a more accurate analysis.
3. Thank you for reporting your observation to the Air Force.

LECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Branch
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

*M/L [REDACTED] is listed in Item # 23 of affrm 117
as witness. [REDACTED] also has sighting of 30 Sep 68
Clauson is also listed as a witness to
30 Sept Sighting
Eval. as Unreliable Report*

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 20 MONTH OCT YEAR 62

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 20 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 22 ☐ A.M. ☒ P.M.

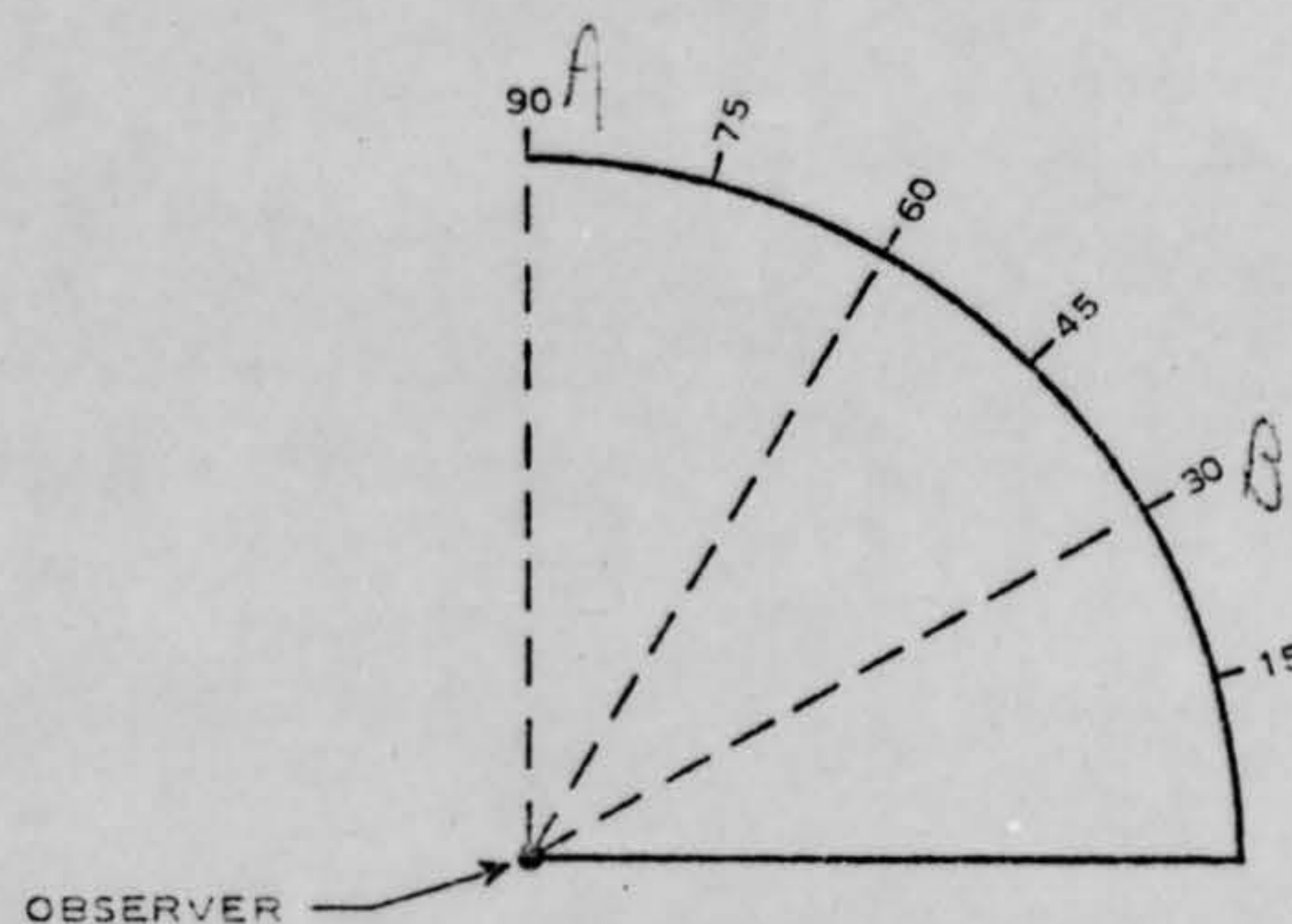
4. TIME ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

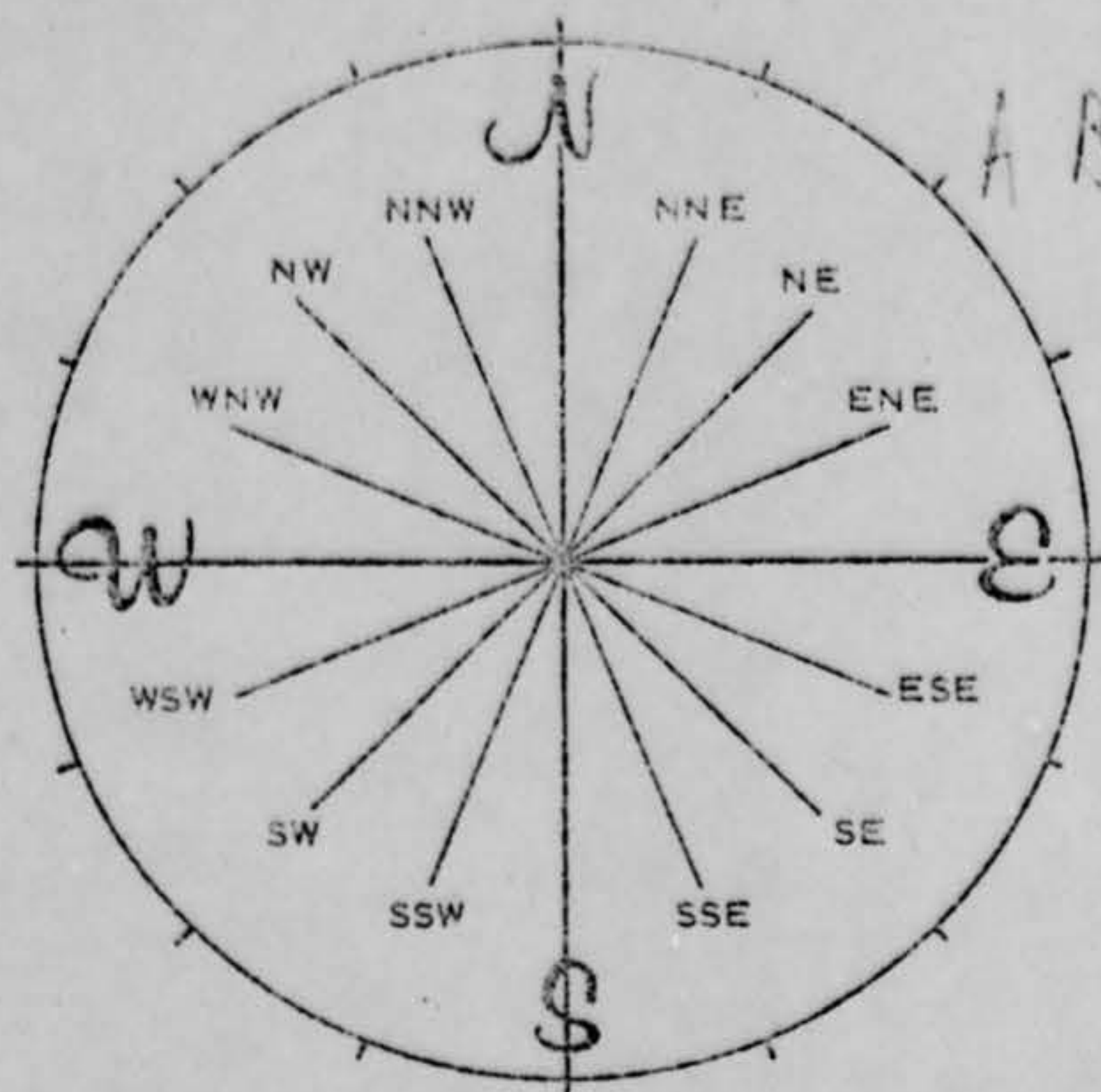
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

RADIO STATION ON CAMPUS

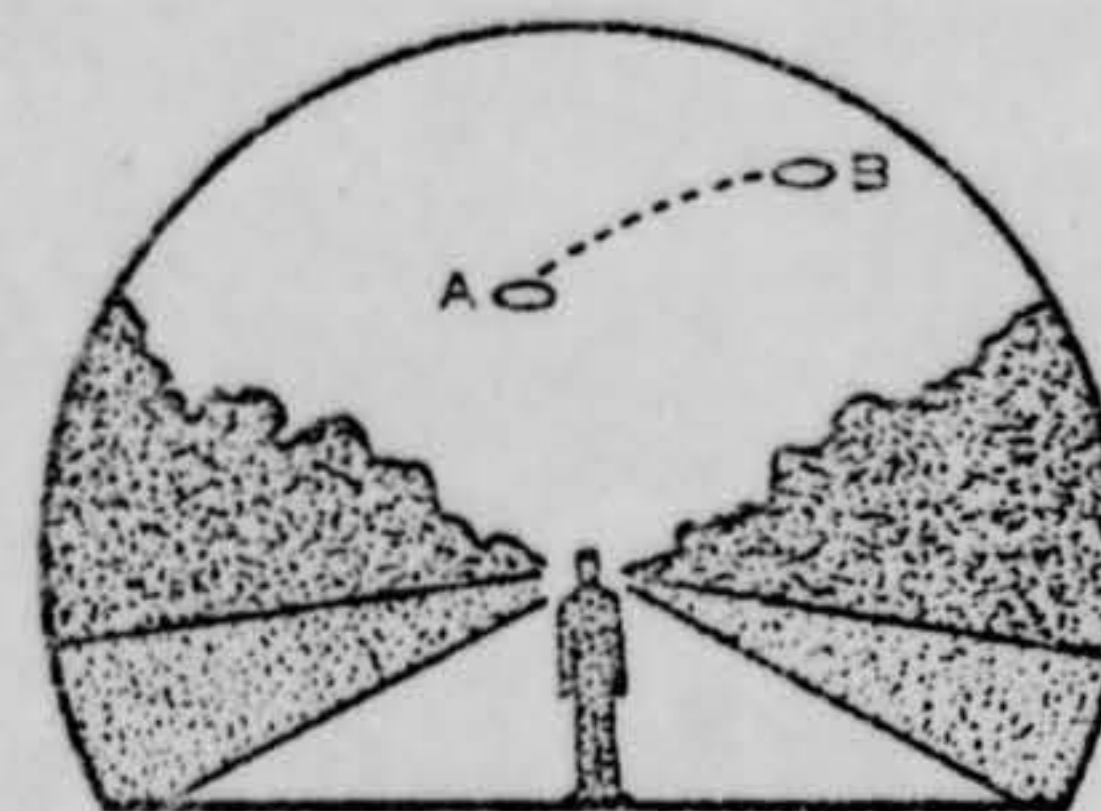
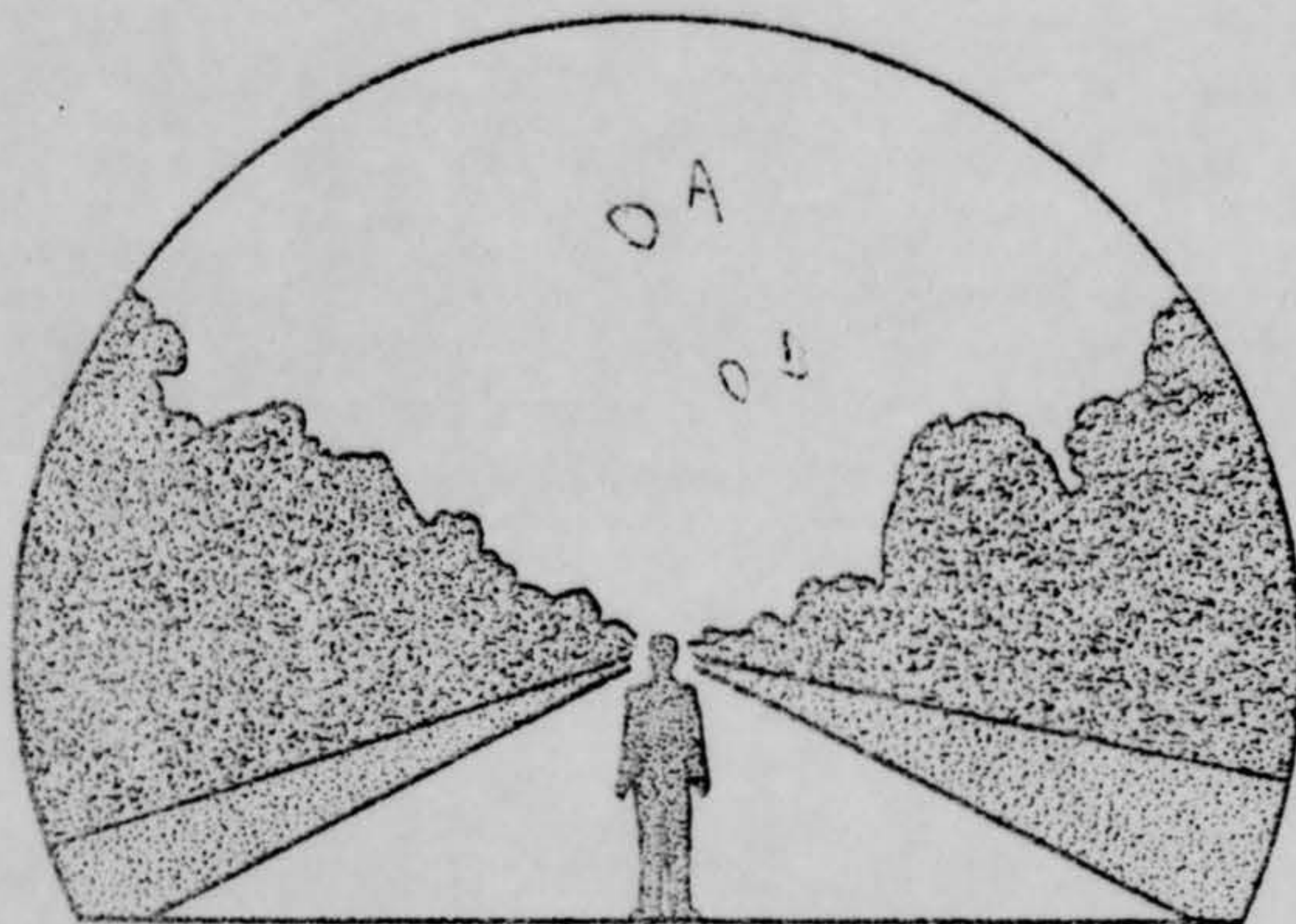
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| | | | |
|--|--|---|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS <input type="checkbox"/> IN BUILDING <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> IN BOAT <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> OTHER | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY <input type="checkbox"/> IN OPEN COUNTRYSIDE <input type="checkbox"/> NEAR AIRFIELD <input type="checkbox"/> FLYING OVER CITY <input type="checkbox"/> FLYING OVER OPEN COUNTRY <input type="checkbox"/> OTHER | | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <div style="text-align: center;"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </div> | |
| SOUTH | WEST | | |
| NORTHEAST | SOUTHEAST | | |
| NORTHWEST | SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| <i>High Jet, Small private plane</i> | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME <i>2</i> | CERTAIN OF TIME | NOT VERY SURE | |
| | FAIRLY CERTAIN | JUST A GUESS | |
| HOW WAS TIME DETERMINED? | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |
| | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|---------------------|--|---|-----------------------|
| DAY | | CUMULUS CLOUDS (Low fluffy) | FOG OR MIST |
| TWILIGHT | | CIRRUS CLOUDS (High fleecy or Herring-bone) | HEAVY RAIN |
| NIGHT | | | LIGHT RAIN OR DRIZZLE |
| CLEAR | | NIMBUS CLOUDS (Rain) | HAIL |
| PARTLY CLOUDY | | CUMULONIMBUS CLOUDS (Thunderstorms) | SNOW OR SLEET |
| COMPLETELY OVERCAST | | | UNKNOWN |
| | | HAZE OR SMOG | NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|-----------|--------------------------|
| NONE | BRIGHT MOONLIGHT |
| A FEW | MOON WITH HALO |
| MANY | MOON HIDDEN BY CLOUDS |
| UNKNOWN | PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|-----------------|---------------|----------------------|
| IN FRONT OF YOU | TO YOUR RIGHT | OVERHEAD (Near noon) |
| IN BACK OF YOU | TO YOUR LEFT | UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Building

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Red Bright & Dim

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

Round

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

MATCH SMALLER

| 13. DID THE PHENOMENON | YES | NO | UNKNOWN |
|---------------------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE? | | / | |
| STAND STILL AT ANYTIME? | / | | |
| SUDDENLY SPEED UP AND RUN AWAY? | / | | |
| BREAK UP IN PARTS AND EXPLODE? | | / | |
| CHANGE COLOR? | / | | |
| GIVE OFF SMOKE? | | / | |
| CHANGE BRIGHTNESS? | / | | |
| CHANGE SHAPE? | | / | |
| FLASH OR FLICKER? | / | | |
| DISAPPEAR AND REAPPEAR? | | / | |
| SPIN LIKE A TOP? | | / | |
| MAKE A NOISE? | | / | |
| FLUTTER OR WOBBLE? | / | | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Friend told him

A. HOW DID IT FINALLY DISAPPEAR?

Below horizon

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☒ YES ☐ NO. IF "YES," DESCRIBE.

Trees

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|------------------------|---------------|
| EYEGLASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 5-7

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 1/2 mile

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

Jupiter

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 20 MONTH October YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 15 ☐ A.M. ☒ P.M.

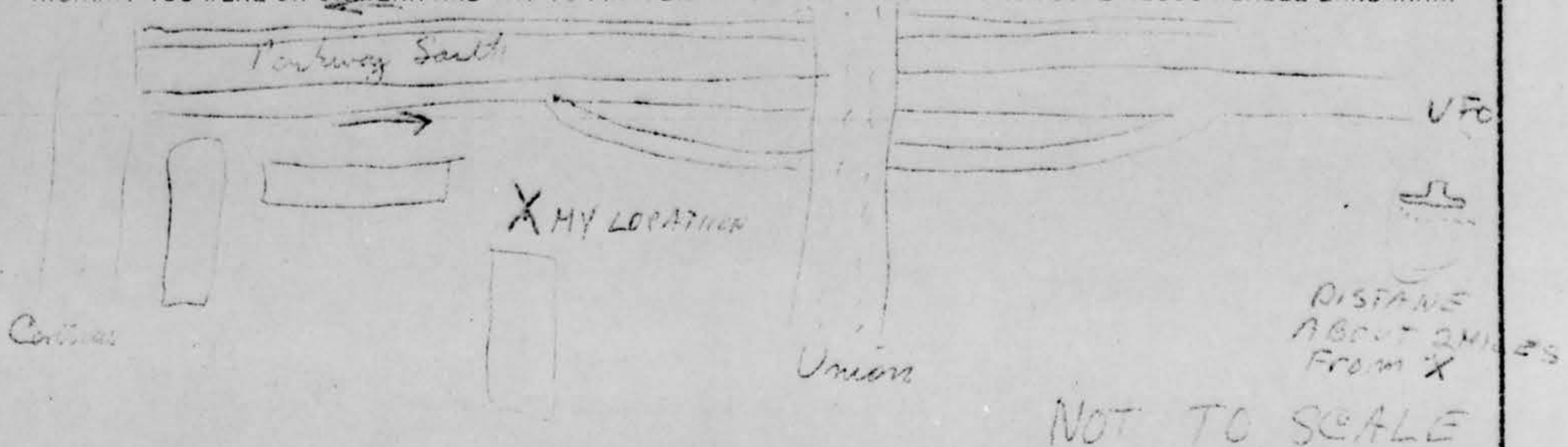
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 20 ☐ A.M. ☒ P.M.

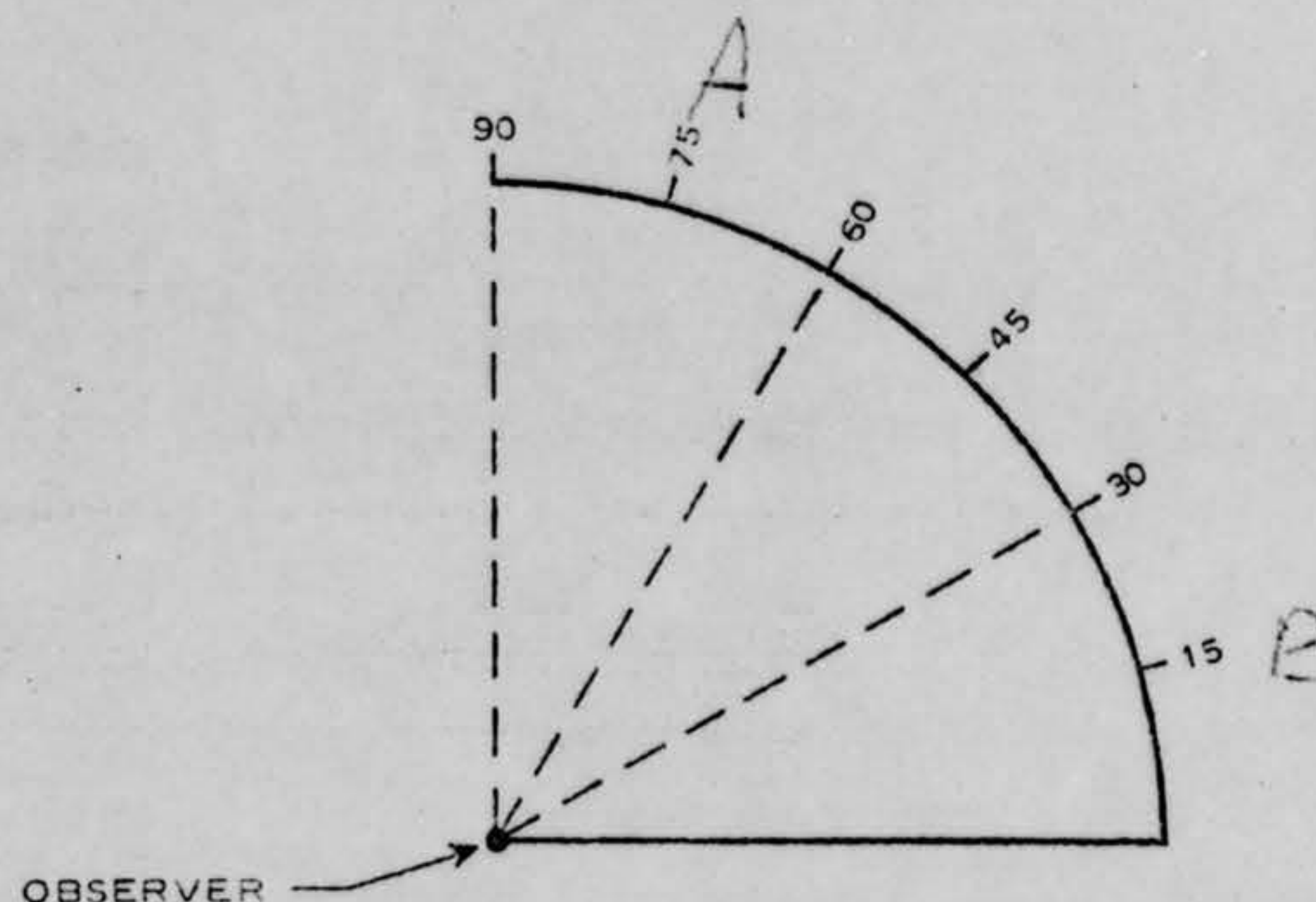
4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



| | | | |
|---|-----------|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input type="checkbox"/> YES <input type="checkbox"/> NO. | | | |
| A. LIST THEIR NAMES AND ADDRESSES [REDACTED] SPM2 | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] | | | |
| ADDRESS (Street, City, State and Zip Code) CHRISTIAN Bn College Maryland Penn 28104 | | | |
| TELEPHONE (Area code and number) [REDACTED] | AGE 18 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. CALLED AIR STATION - were told THAT. Most of reports had been received BUT and NOTHING unusual could BE SEEN ON RADAR screen | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? A10 | | | |
| NAME _____ DAY _____ MONTH _____ YEAR _____ | | | |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. DAY _____ MONTH _____ YEAR _____ | | | |

PROJECT 10073 RECORD

| | |
|--|---|
| 1. DATE - TIME GROUP 20 Oct 68 20/1845 20/2345Z | 2. LOCATION Memphis, Tennessee |
| 3. SOURCE Civilian | 10. CONCLUSION Astro (VENUS) |
| 4. NUMBER OF OBJECTS One | At 1845L, Venus was at the azimuth of 236 deg. 12 deg elevation. At 1915 it was at an azimuth of 240 deg. 7 deg elevation. |
| 5. LENGTH OF OBSERVATION 30 Minutes | 11. BRIEF SUMMARY AND ANALYSIS The observer sighted a bright star like object that slowly descended below the tree line. |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE SW - WSW | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

FORM

FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY SUNDAY MONTH OCT-20 YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 6:45 MINUTES _____ ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

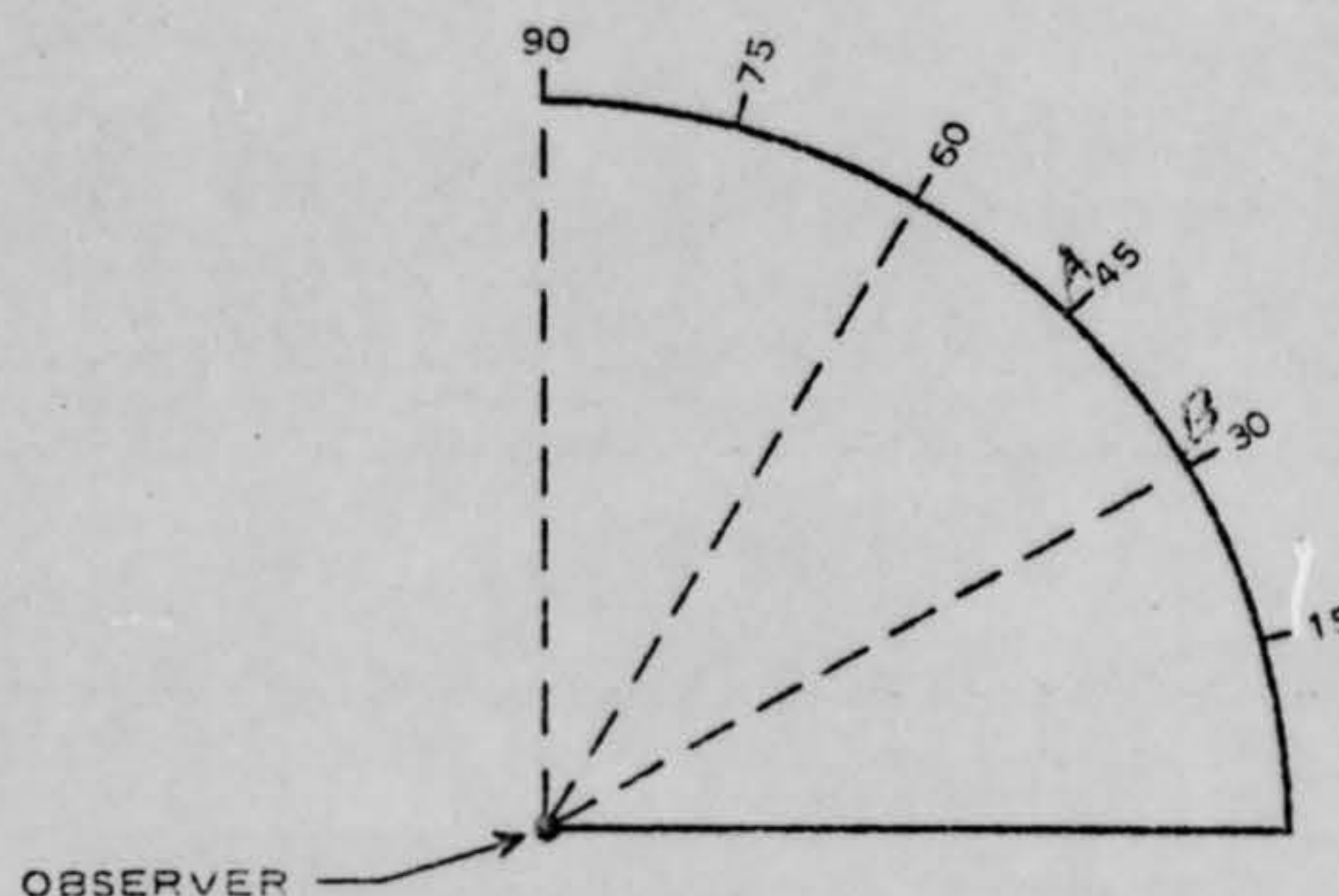
HOUR 7:15 MINUTES _____ ☐ A.M. ☒ P.M.

4. TIME ZONE

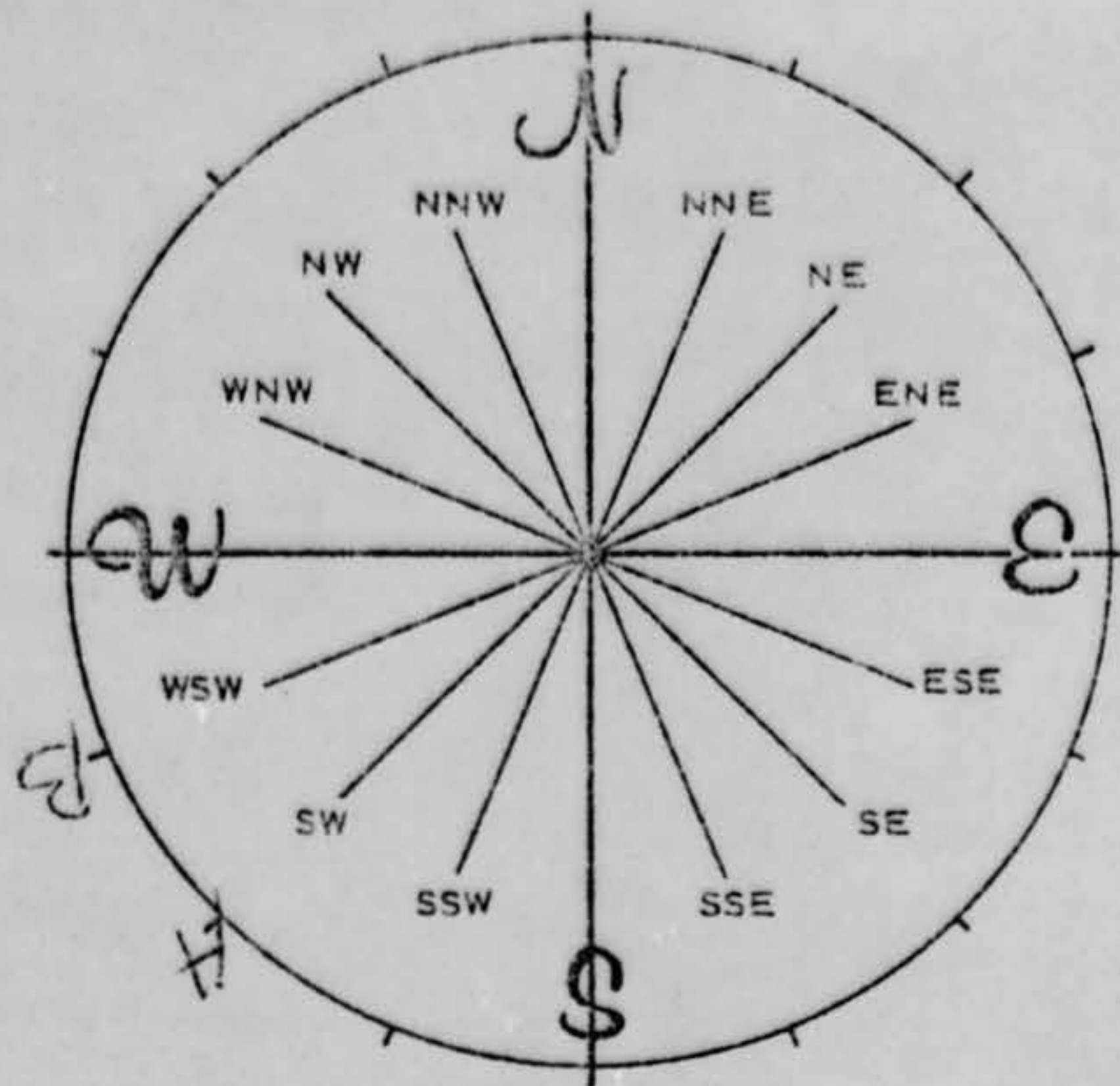
☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

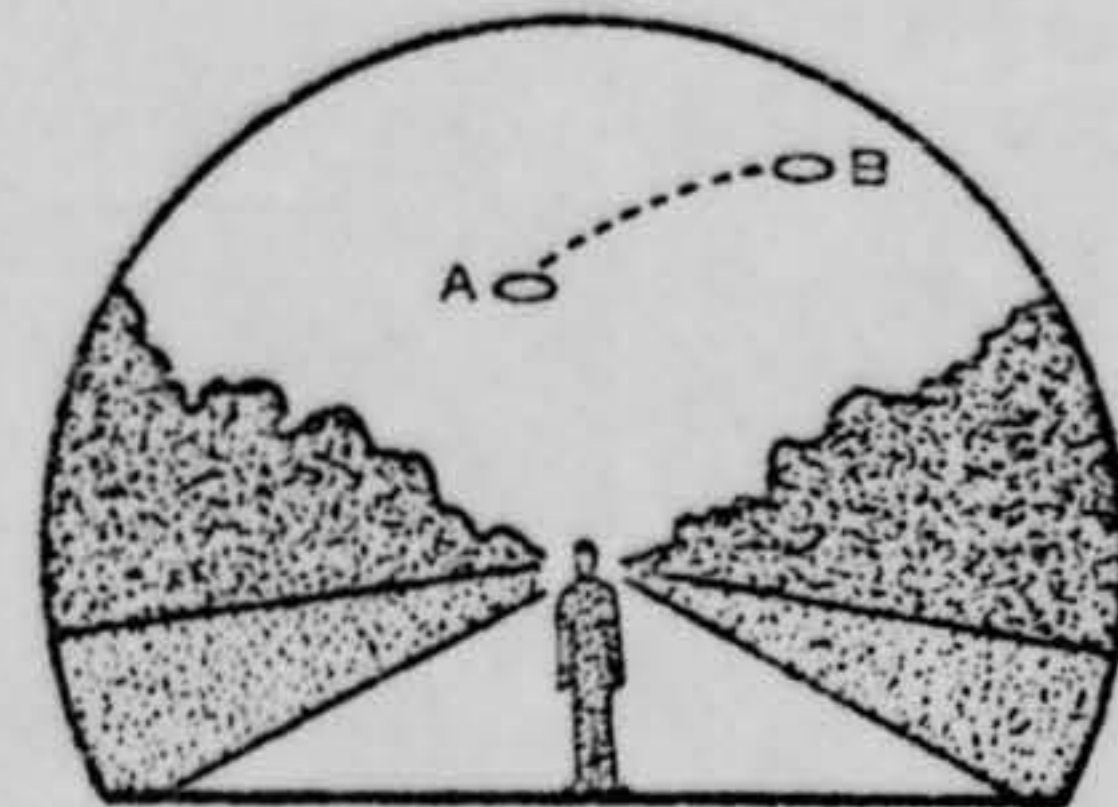
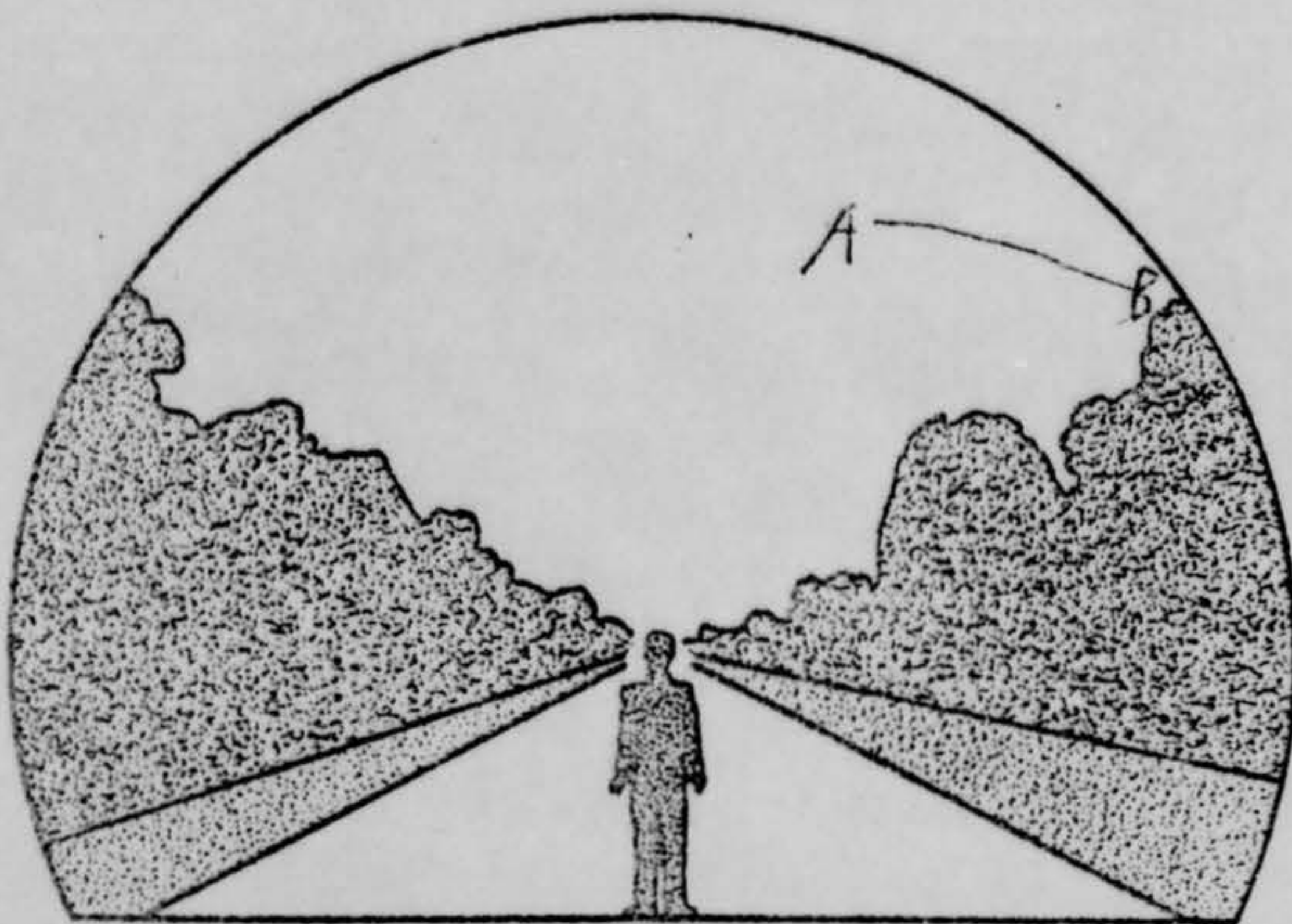
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> OUTDOORS | | <input type="checkbox"/> IN BUSINESS SECTION OF CITY | |
| <input type="checkbox"/> IN BUILDING | | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY | |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | <input type="checkbox"/> IN OPEN COUNTRYSIDE | |
| <input type="checkbox"/> IN BOAT | | <input type="checkbox"/> NEAR AIRFIELD | |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | <input type="checkbox"/> FLYING OVER CITY | |
| <input type="checkbox"/> OTHER <u>WALKING</u> | | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | |
| | | <input type="checkbox"/> OTHER | |

| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
|---|------------------------------------|---------------------------|--|
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | <u>WALKING</u> | |
| <input checked="" type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? | | | |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

NO

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

WALKING ON SIDEWALK

HOW MUCH OTHER TRAFFIC WAS THERE?

NONE

DID YOU NOTICE ANY AIRPLANES? ☐ YES ☒ NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

| | | |
|----------------------------------|---|--|
| LENGTH OF TIME <u>30 MINUTES</u> | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |

HOW WAS TIME DETERMINED?

LOOKED AT MY WATCH

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☒ YES ☐ NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

IN SIGHT CONTINUOUS UNTIL GOING BELOW TREE LINE

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

1 ONLY

| 11. CONDITIONS (Check appropriate blocks.) | | | |
|---|--|---|-----------------------|
| A. SKY | | B. WEATHER | |
| DAY <input checked="" type="checkbox"/> | | CUMULUS CLOUDS (Low fluffy) | FOG OR MIST |
| TWILIGHT <input type="checkbox"/> | | CIRRUS CLOUDS (High fleecy or Herring-bone) | HEAVY RAIN |
| NIGHT <input type="checkbox"/> | | | LIGHT RAIN OR DRIZZLE |
| CLEAR <input checked="" type="checkbox"/> | | NIMBUS CLOUDS (Rain) | HAIL |
| PARTLY CLOUDY | | CUMULONIMBUS CLOUDS (Thunderstorms) | SNOW OR SLEET |
| COMPLETELY OVERCAST | | | UNKNOWN |
| | | HAZE OR SMOG | NONE OF THE ABOVE |
| C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON? | | | |
| (1) STARS | | (2) MOON | |
| NONE <input checked="" type="checkbox"/> | | BRIGHT MOONLIGHT | NO MOONLIGHT |
| A FEW | | MOON WITH HALO | UNKNOWN |
| MANY | | MOON HIDDEN BY CLOUDS | |
| UNKNOWN | | PARTIAL (New or quarter) | |
| D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON? | | | |
| IN FRONT OF YOU | | TO YOUR RIGHT | OVERHEAD (Near noon) |
| IN BACK OF YOU | | TO YOUR LEFT | UNKNOWN |
| E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE. | | | |
| ABOUT SUN DOWN. | | | |

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

SELF LUMINOUS - SHINED LIKE A
VERY BRIGHT LIGHT.

SHAPE



AT ONE TIME



OTHER TIMES

MOVED SLOWLY

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
| | MOVE IN A STRAIGHT LINE? | <input checked="" type="checkbox"/> | | |
| | STAND STILL AT ANYTIME? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | <input checked="" type="checkbox"/> | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | | <input checked="" type="checkbox"/> | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | | <input checked="" type="checkbox"/> | |
| | CHANGE SHAPE? | <input checked="" type="checkbox"/> | | |
| | FLASH OR FLICKER? | | <input checked="" type="checkbox"/> | |
| | DISAPPEAR AND REAPPEAR? | | <input checked="" type="checkbox"/> | |
| | SPIN LIKE A TOP? | | <input checked="" type="checkbox"/> | |
| | MAKE A NOISE? | | <input checked="" type="checkbox"/> | |
| | FLUTTER OR WOBBLE? | | <input checked="" type="checkbox"/> | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

THE BRIGHTNESS OF SUCH A
LARGE ITEM THAT TIME OF DAY

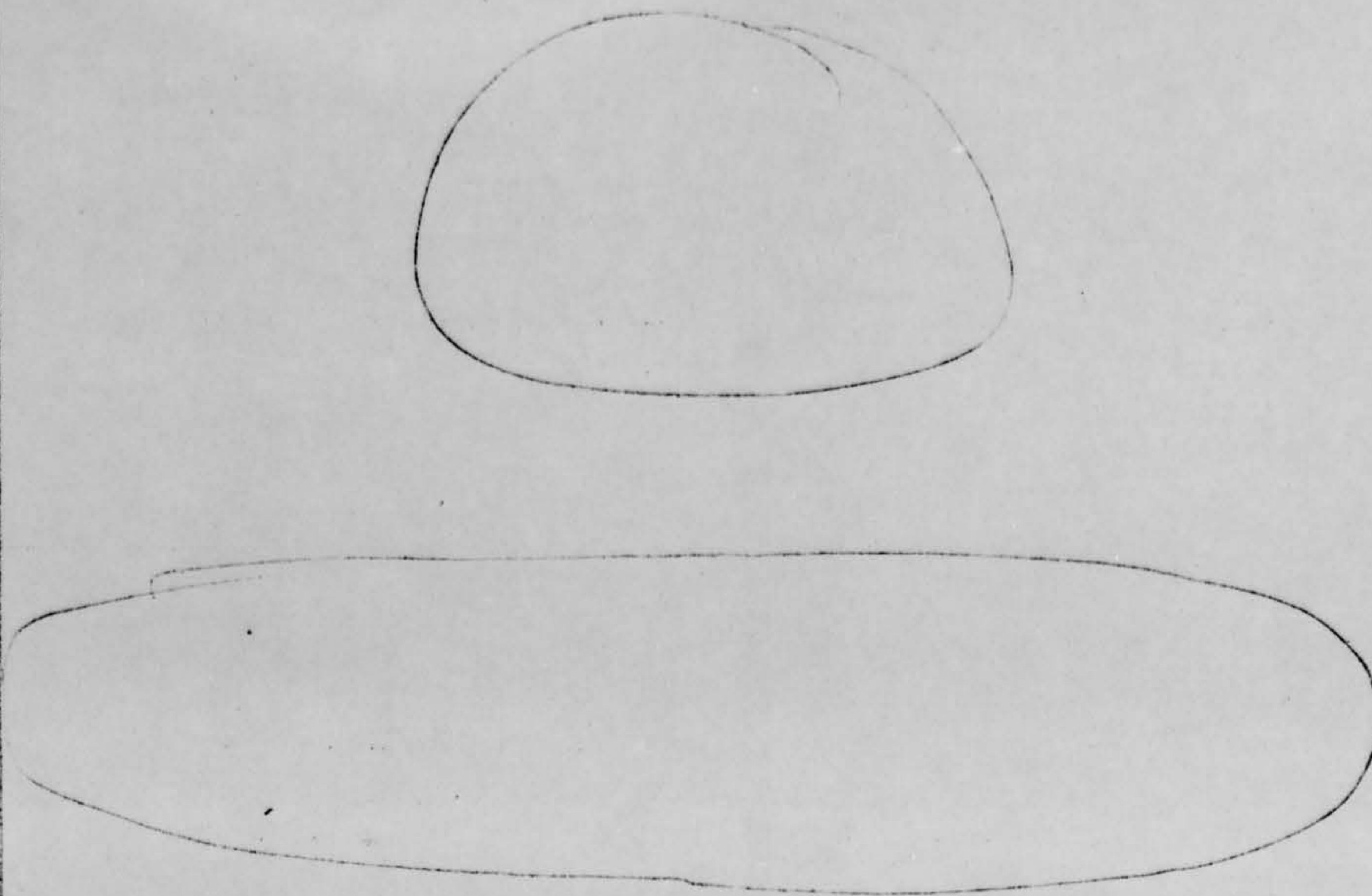
A. HOW DID IT FINALLY DISAPPEAR?

WESTWARD UNDER TREE LINE

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☐ NO. IF "YES," DESCRIBE.

ONLY WHEN IT DISAPPEARED

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

REF (UFO) Lt Col Quintanilla/70916/mhs/24 Oct 68

UFO Observation, 20 October 1968

[REDACTED]
Memphis, Tennessee 38117

1. Reference your recent sighting of 20 October 1968 which you reported to the Duty Officer at Wright-Patterson AFB, Ohio. The information which you provided is not sufficient for evaluation. Request you complete the inclosed AF Form 117 and return it in the inclosed envelope. If there were any witnesses to the sighting, please list their complete names and addresses.

2. In the future, if you should ever observe another UFO, please report it to the nearest Air Force unit. The closest one to you is the 97th Bombardment Wing, Blytheville AFB, Arkansas. The local UFO investigator, who is in a better position to make an on-the-spot investigation, is usually able to achieve a more accurate analysis.

3. Thank you for reporting your observation to the Air Force.

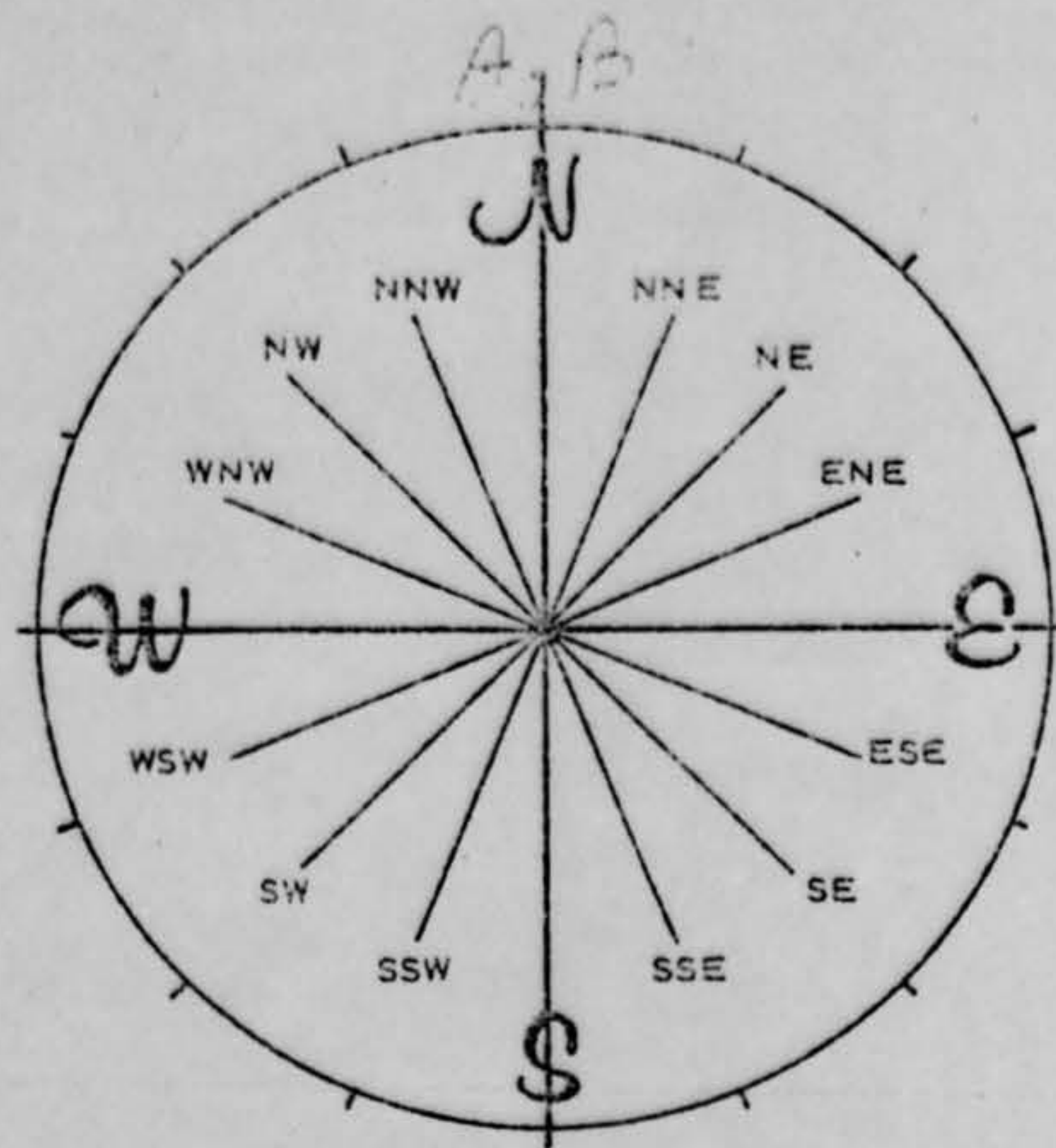
④ LECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Branch
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

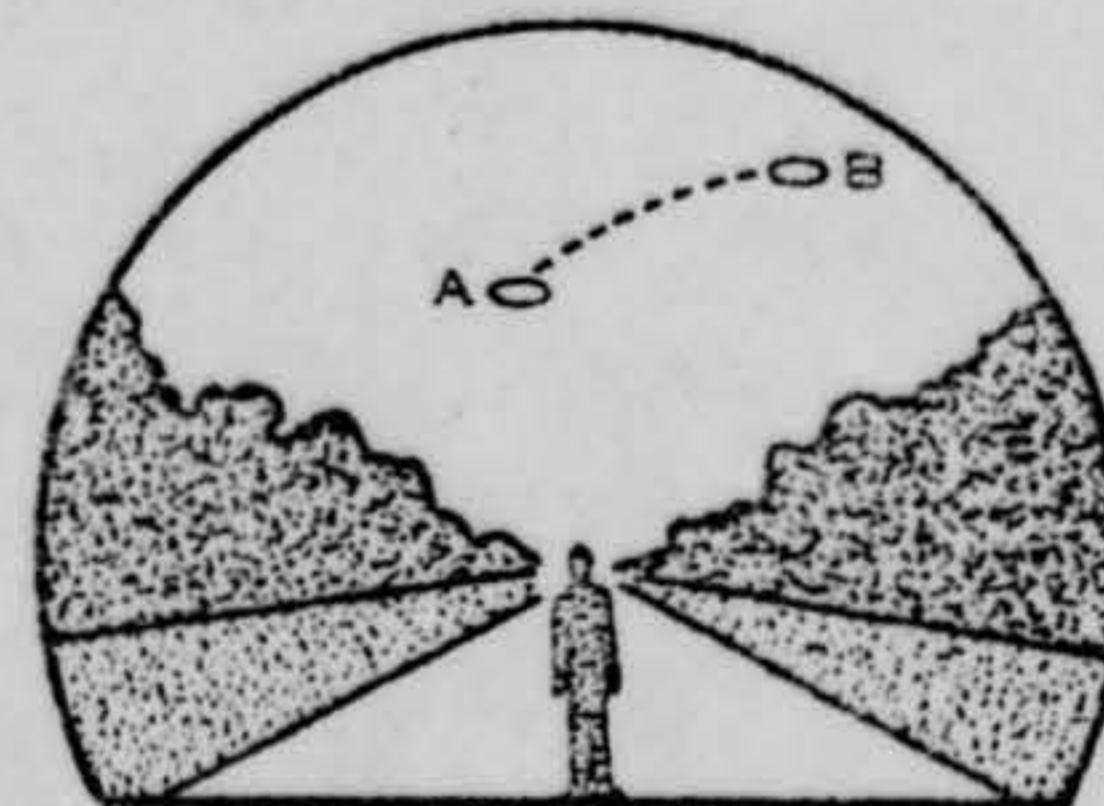
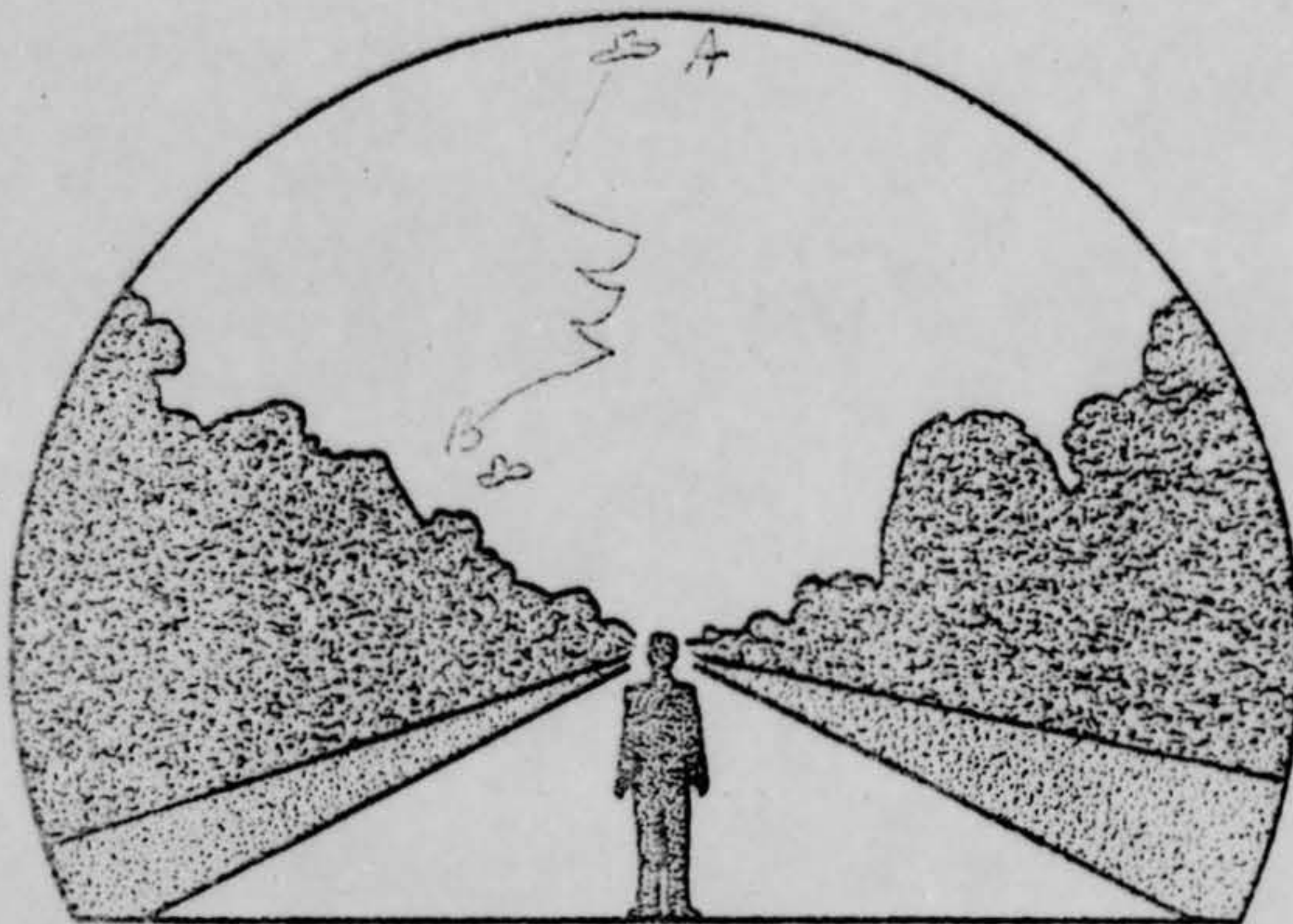
REF (UFO) OFFICIAL FILE CY

| | |
|--|---|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, FILTER, LENS, PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| <input checked="" type="checkbox"/> EYEGGLASSES | CAMERA VIEWER |
| <input type="checkbox"/> SUN GLASSES | BINOCULARS |
| <input type="checkbox"/> WINDSHIELD | TELESCOPE |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE | THEODOLITE |
| <input type="checkbox"/> WIND PANE | OTHER |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>100</u> | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>1000</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| <p><i>similar to star but longer being slowly, very bright.</i></p> | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| 22. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION IN WHICH THE PHENOMENON WAS MOVING.



no external details

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

Trace above only trace, and extremely bright.

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|--|---------------|
| EYEGLASSES <input checked="" type="checkbox"/> | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☒ YES ☐ NO

B. DO YOU USE READING GLASSES? ☒ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED ?

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE ?

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

BRIGHT LIKE A STAR EXCEPT
CHANGING SHAPE. APPEARED TO
BE VERY FAR AWAY

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

| | | | |
|--|-----------|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input type="checkbox"/> YES <input type="checkbox"/> NO. | | | |
| A. LIST THEIR NAMES AND ADDRESSES MRS [REDACTED] [REDACTED] MEMPHIS, TENN | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] | | | |
| ADDRESS (Street, City, State and Zip Code) [REDACTED], MEMPHIS, TENN 38117 | | | |
| TELEPHONE (Area code and number) [REDACTED] | AGE 55 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. NONE | | | |
| MILLINGTON AIR BASE - MEMPHIS AIRPORT | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? | | | |
| NAME R. H. Hansen | DAY 6 | MONTH NOV | YEAR 68 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. | | | |
| DAY _____ MONTH _____ YEAR _____ | | | |

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 20-6 MONTH Oct YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 645 MINUTES 645 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 700 MINUTES 1500 ☐ A.M. ☒ P.M.

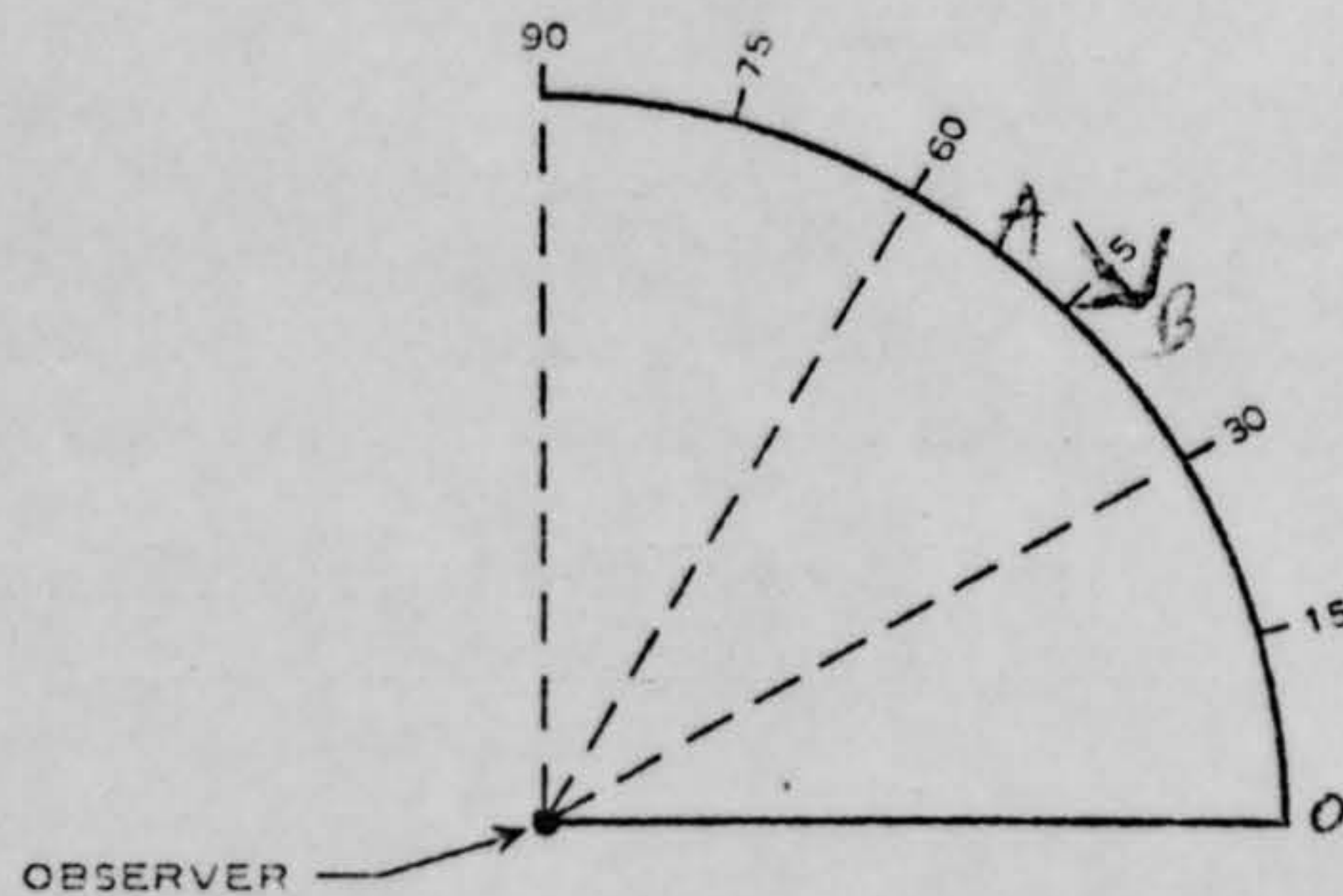
4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

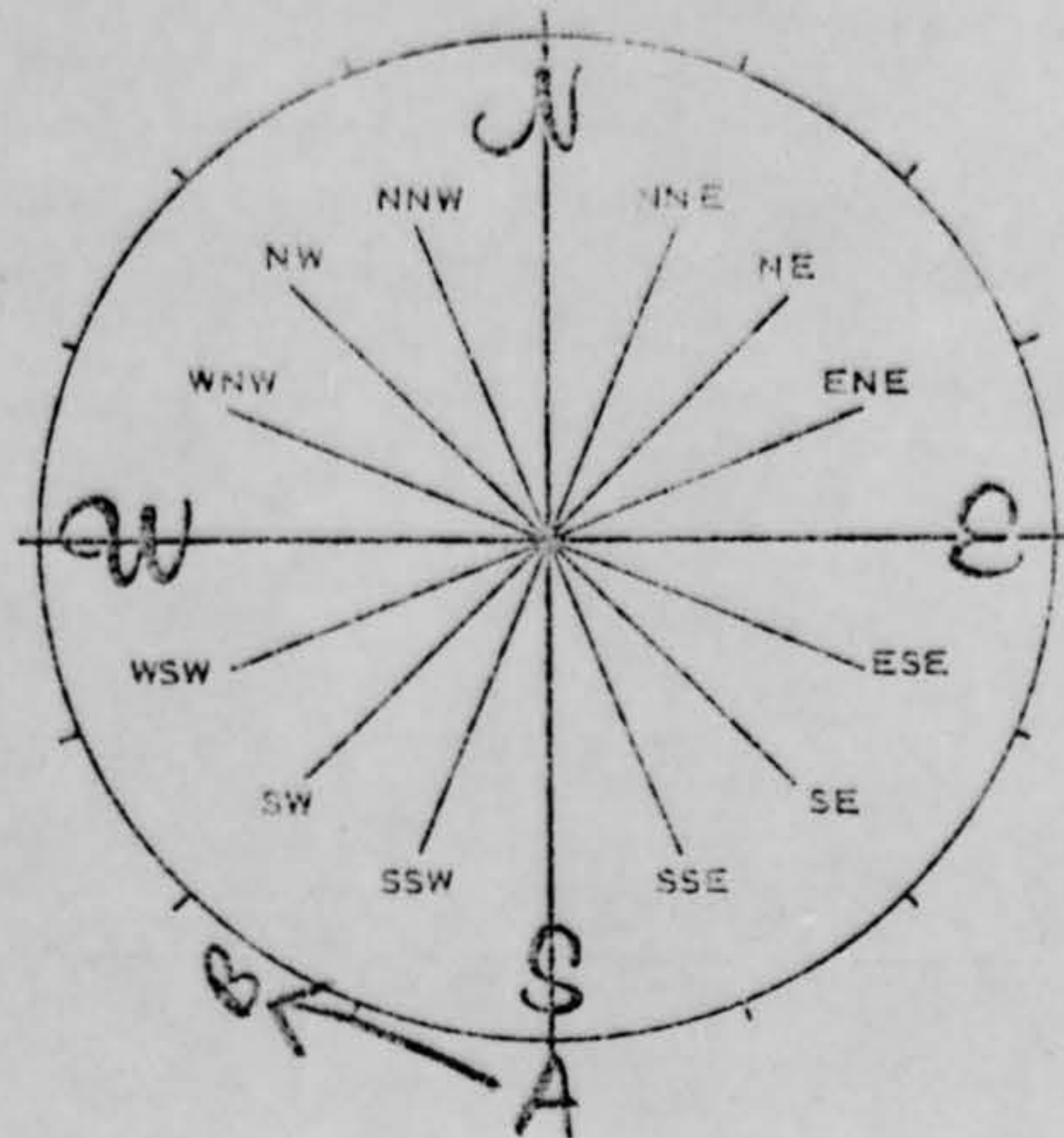
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

[REDACTED], standing in front of
address

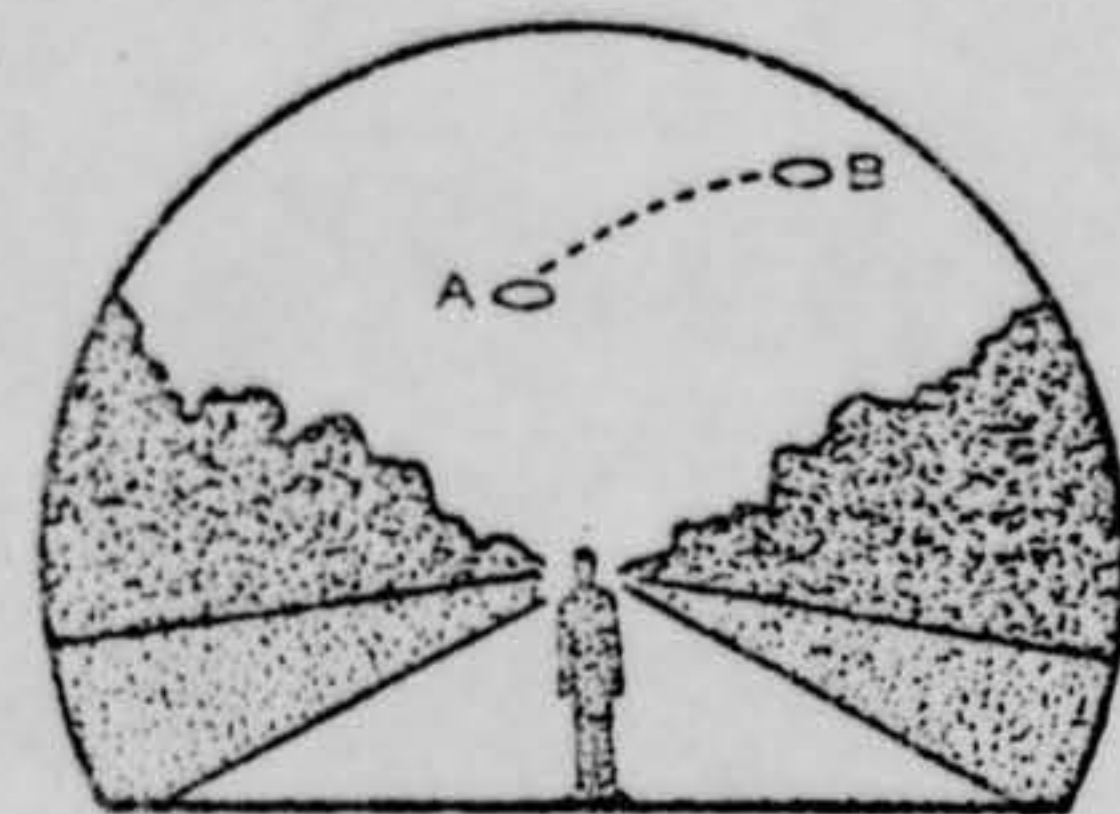
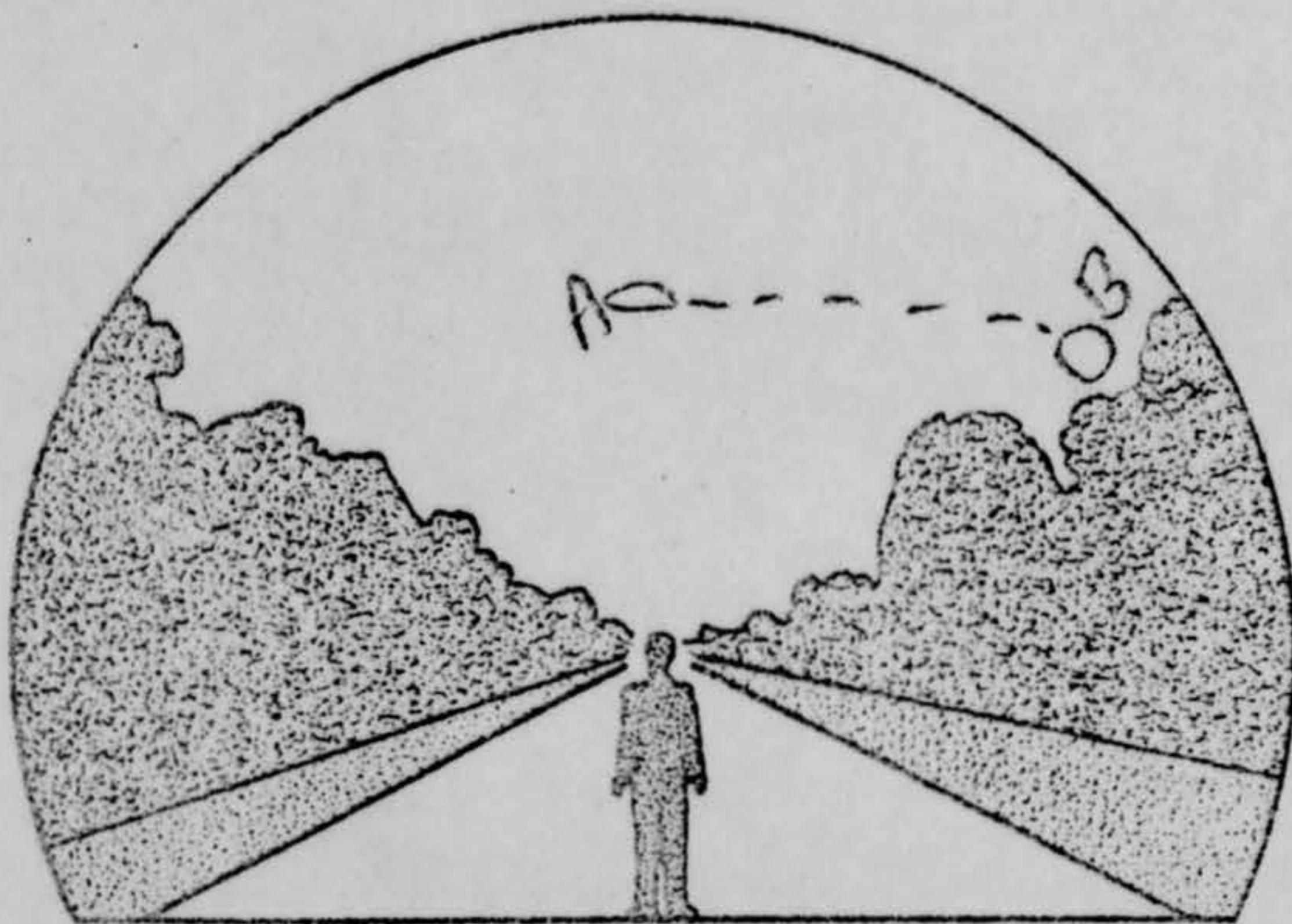
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
|--|------------------------------------|--|--|
| <input checked="" type="checkbox"/> OUTDOORS | | <input type="checkbox"/> IN BUSINESS SECTION OF CITY | |
| <input type="checkbox"/> IN BUILDING | | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY | |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | <input type="checkbox"/> IN OPEN COUNTRYSIDE | |
| <input type="checkbox"/> IN BOAT | | <input type="checkbox"/> NEAR AIRFIELD | |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | <input type="checkbox"/> FLYING OVER CITY | |
| <input type="checkbox"/> OTHER | | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | |
| | | <input type="checkbox"/> OTHER | |
| IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | 30 min or longer | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| | | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED? checked watch | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Just One

| 11. CONDITIONS (Check appropriate blocks.) | | | |
|--|--|--|--|
| A. SKY | | B. WEATHER | |
| <input type="checkbox"/> DAY | | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input checked="" type="checkbox"/> TWILIGHT | | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN |
| <input type="checkbox"/> NIGHT | | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | <input type="checkbox"/> HAZE OR SMOG | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | | <input type="checkbox"/> UNKNOWN |
| | | | <input type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|--|---|
| <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> MANY | <input type="checkbox"/> MOON WITH HALO |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> MOON HIDDEN BY CLOUDS |
| | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

street light

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Light at all times, self luminous, white light, sharp and solid, at 1st sighting appeared elongated and changed to round then elongated

| 13 | DID THE PHENOMENON | YES | NO | UNKNOWN |
|----|---------------------------------|-------------------------------------|-------------------------------------|---------|
| | MOVE IN A STRAIGHT LINE? | <input checked="" type="checkbox"/> | | |
| | STAND STILL AT ANYTIME? | <input checked="" type="checkbox"/> | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | <input checked="" type="checkbox"/> | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | | <input checked="" type="checkbox"/> | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | | <input checked="" type="checkbox"/> | |
| | CHANGE SHAPE? | <input checked="" type="checkbox"/> | | |
| | FLASH OR FLICKER? | | <input checked="" type="checkbox"/> | |
| | DISAPPEAR AND REAPPEAR? | | <input checked="" type="checkbox"/> | |
| | SPIN LIKE A TOP? | | <input checked="" type="checkbox"/> | |
| | MAKE A NOISE? | | <input checked="" type="checkbox"/> | |
| | FLUTTER OR WOBBLE? | | <input checked="" type="checkbox"/> | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

object's own light.

A. HOW DID IT FINALLY DISAPPEAR?

Disappeared in trees to westward.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

PROJECT 10073 RECORD

| | | | |
|--|--|--|--|
| 1. DATE - TIME GROUP 26/2100 28 October 1968 27/0200Z | | 2. LOCATION Memphis, Tennessee | |
| 3. SOURCE Civilian | | 10. CONCLUSION INSUFFICIENT DATA Observer called FTD Duty Officer to report a UFO. An Air Force Form 117 was sent to the observer but has not been returned as of 10 Jan 1969. | |
| 4. NUMBER OF OBJECTS One | | | |
| 5. LENGTH OF OBSERVATION 5 Minutes | | | |
| 6. TYPE OF OBSERVATION Ground-Visual | | | |
| 7. COURSE Stationary in NW | | | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 11. BRIEF SUMMARY AND ANALYSIS See Case Files | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

20 Oct 68

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433




REPLY TO
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation
, 26 October 1968

TO:


Memphis, Tennessee 38114

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

ONLY ONE

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|--|--|--|---|
| <input type="checkbox"/> DAY | | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN |
| <input checked="" type="checkbox"/> NIGHT | | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | | <input type="checkbox"/> UNKNOWN |
| | | <input type="checkbox"/> HAZE OR SMOG | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | |
|---|--|---|--|
| <input type="checkbox"/> NONE | | <input type="checkbox"/> BRIGHT MOONLIGHT | <input checked="" type="checkbox"/> NO MOONLIGHT |
| <input checked="" type="checkbox"/> A FEW | | <input type="checkbox"/> MOON WITH HALO | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> MANY | | <input type="checkbox"/> MOON HIDDEN BY CLOUDS | |
| <input type="checkbox"/> UNKNOWN | | <input type="checkbox"/> PARTIAL (New or quarter) | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

A LIGHT BEHIND US ~~AND~~ OVER SOME STEPS

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

IT WAS TOO FAR AWAY TO TELL IF IT WAS DARK OR LIGHT. IT WAS SELF-LUMINOUS. THE LIGHT WENT FROM RED TO WHITE. THEN BACK, COULDN'T TELL IF IT WAS SOLID, FUZZY ETC. APPEARED AS A PT. OF LIGHT. STARS DON'T MOVE LIKE THIS DID

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 26 MONTH OCT YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 09~~30~~ MINUTES 20 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 09 MINUTES 25 ☐ A.M. ☒ P.M.

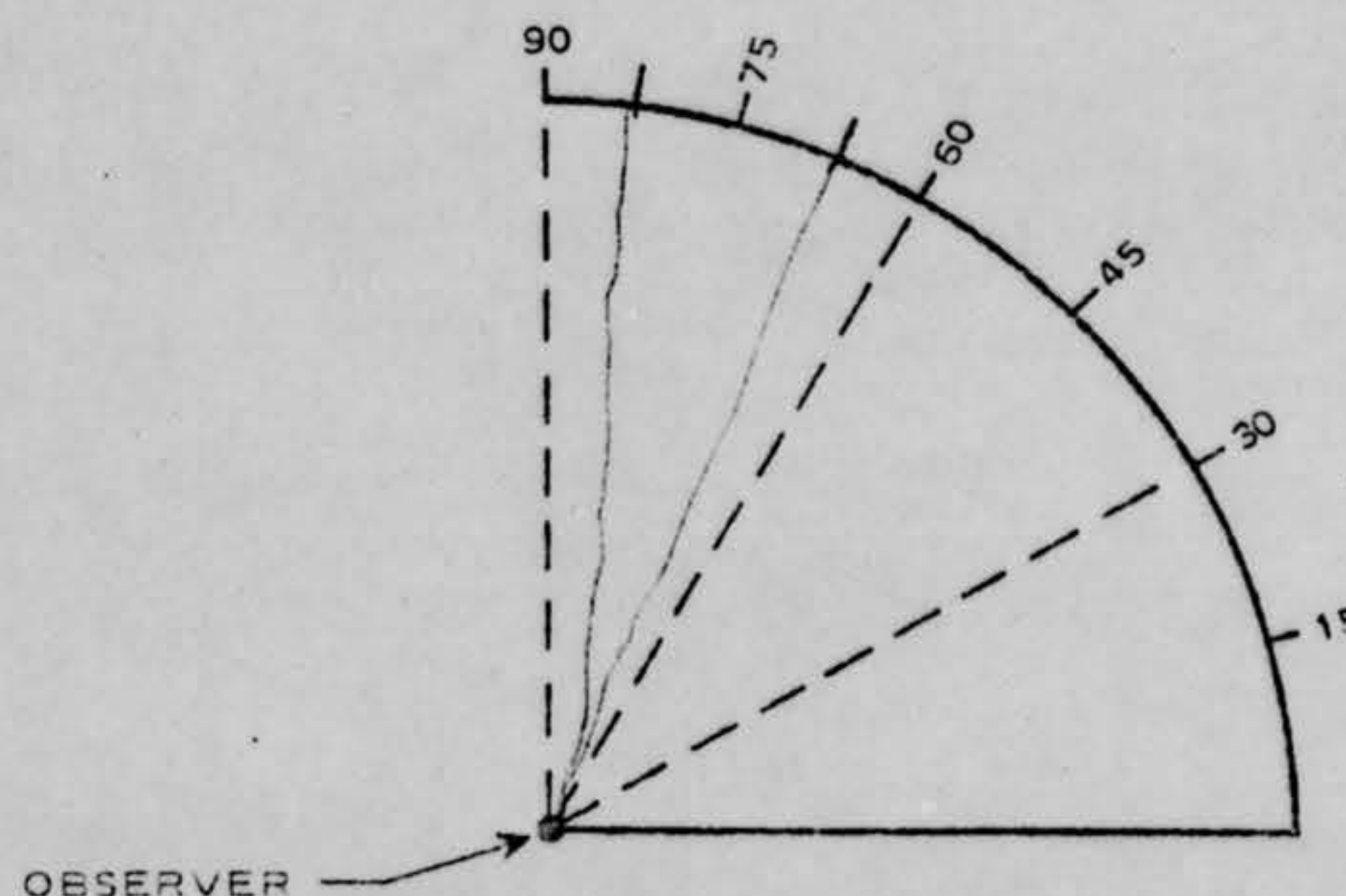
4. TIME ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

First observed phenomenon while driving on highway. Stopped auto, ~~then~~ other vehicles also stopped to observe. Also observed it after arrival at destination in suburb of Memphis.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



| | | | |
|--|--|--|---------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS | | | |
| <input type="checkbox"/> IN BUILDING | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY | | |
| <input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY | | |
| <input type="checkbox"/> IN BOAT | <input type="checkbox"/> IN OPEN COUNTRYSIDE | | |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | <input type="checkbox"/> NEAR AIRFIELD | | |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> FLYING OVER CITY | | |
| | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | | |
| | <input type="checkbox"/> OTHER | | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. <i>The object stood still, and also moved 4-5' vertically and horizontally.</i> | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | | CERTAIN OF TIME | NOT VERY SURE |
| <i>5 min</i> | <input checked="" type="checkbox"/> | FAIRLY CERTAIN | JUST A GUESS |
| HOW WAS TIME DETERMINED? <i>Watch.</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |
| | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Only one

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|--------|---------------------|--|-----------------------|
| | DAY | CUMULUS CLOUDS (<i>Low fluffy</i>) | FOG OR MIST |
| | TWILIGHT | CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>) | HEAVY RAIN |
| X | NIGHT | | LIGHT RAIN OR DRIZZLE |
| | CLEAR | NIMBUS CLOUDS (<i>Rain</i>) | HAIL |
| | PARTLY CLOUDY | CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>) | SNOW OR SLEET |
| X | COMPLETELY OVERCAST | | UNKNOWN |
| | | HAZE OR SMOG | NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | | | |
|-----------|---------|----------|--------------------------|--|--------------|
| X | NONE | | BRIGHT MOONLIGHT | | NO MOONLIGHT |
| | A FEW | | MOON WITH HALO | | UNKNOWN |
| | MANY | | MOON HIDDEN BY CLOUDS | | |
| | UNKNOWN | | PARTIAL (New or quarter) | | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU | <input type="checkbox"/> | TO YOUR LEFT | <input type="checkbox"/> | UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

The object was sphere shaped, self luminous. The red in color. It was quite bright but flickered dim then was bright again.

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Only one

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | | | |
|--------------------------|---------------------|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | DAY | <input type="checkbox"/> | CUMULUS CLOUDS (<i>Low fluffy</i>) | <input type="checkbox"/> | FOG OR MIST |
| <input type="checkbox"/> | TWILIGHT | <input type="checkbox"/> | CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>) | <input type="checkbox"/> | HEAVY RAIN |
| X | NIGHT | <input type="checkbox"/> | | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| <input type="checkbox"/> | CLEAR | <input type="checkbox"/> | NIMBUS CLOUDS (<i>Rain</i>) | <input type="checkbox"/> | HAIL |
| <input type="checkbox"/> | PARTLY CLOUDY | <input type="checkbox"/> | CUMULONIMBUS CLOUDS | <input type="checkbox"/> | SNOW OR SLEET |
| X | COMPLETELY OVERCAST | <input type="checkbox"/> | (<i>Thunderstorms</i>) | <input type="checkbox"/> | UNKNOWN |
| <input type="checkbox"/> | | <input type="checkbox"/> | HAZE OR SMOG | <input type="checkbox"/> | NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | | | |
|-----------|---------|----------|--------------------------|--|--------------|
| X | NONE | | BRIGHT MOONLIGHT | | NO MOONLIGHT |
| | A FEW | | MOON WITH HALO | | UNKNOWN |
| | MANY | | MOON HIDDEN BY CLOUDS | | |
| | UNKNOWN | | PARTIAL (New or quarter) | | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | | | | |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU | <input type="checkbox"/> | TO YOUR LEFT | <input type="checkbox"/> | UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

The object was sphere shaped, self luminous. It was red in color. It was quite bright but flickered dim then was bright again.

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
| | MOVE IN A STRAIGHT LINE? | X | | |
| | STAND STILL AT ANYTIME? | X | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | X | |
| | BREAK UP IN PARTS AND EXPLODE? | | X | |
| | CHANGE COLOR? | | X | |
| | GIVE OFF SMOKE? | X | | |
| | CHANGE BRIGHTNESS? | | X | |
| | CHANGE SHAPE? | X | | |
| | FLASH OR FLICKER? | | | |
| | DISAPPEAR AND REAPPEAR? | | | |
| | SPIN LIKE A TOP? | | X | |
| | MAKE A NOISE? | | X | |
| | FLUTTER OR WOBBLE? | | X | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Others were watching it.

A. HOW DID IT FINALLY DISAPPEAR?

It was standing still, moved slightly, then disappeared.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|---|--|
| <input type="checkbox"/> EYEGLASSES | <input type="checkbox"/> CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES | <input type="checkbox"/> BINOCULARS |
| <input checked="" type="checkbox"/> WINDSHIELD | <input type="checkbox"/> TELESCOPE |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE | <input type="checkbox"/> THEODOLITE |
| <input type="checkbox"/> WINDOWPANE | <input type="checkbox"/> OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 1200 kts

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☐ NO. IF "YES," DESCRIBE. N/A

26 Oct 68

AFR 80-17(C1)

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

Mr

Donna Dr, Memphis
TENN.

C/o Nurses Residence
Methodist Hospital, MEMPHIS

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

FLORA

MEMPHIS, TENN.

TELEPHONE (Area code and number)

AGE

19

☒

MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.


25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

FTD Duty Off. 28 Oct 0245Z

NAME Capt Donald S. Volo DAY _____ MONTH _____ YEAR _____

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY _____ MONTH _____ YEAR _____

| | | | |
|--|--|--|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY | | |
| <input type="checkbox"/> IN BUILDING | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY | | |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | <input type="checkbox"/> IN OPEN COUNTRYSIDE | | |
| <input type="checkbox"/> IN BOAT | <input checked="" type="checkbox"/> NEAR AIRFIELD | | |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | <input type="checkbox"/> FLYING OVER CITY | | |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | | |
| | <input type="checkbox"/> OTHER | | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. NO THE AIRPORT IS SOUTH OF CBC. THE OBJECT WAS SIGHTED IN THE NORTH. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. NOT IN A VEHICLE. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? NOT MUCH AT ALL. | | | |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. A JET TOOK OFF FROM THE AIRPORT & THE OBJECT MOVED CLOSER TO THE HORIZON. A SMALL PRIVATE SEEMED TO TRY TO CIRCLE IT LINE ^X _{UFO} BUT IT KEPT COMING DOWN. PLANE | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE | |
| 5 to 8 min. WHEN I SAW IT | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS | |
| HOW WAS TIME DETERMINED? BY A WATCH | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. THE ONLY TIME IT WAS OUT OF SIGHT WAS WHEN IT WENT BEHIND THE TREES FOR A WHILE. SEE DIAGRAM | | | |
|  | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

ONE - Y 613

| 11. CONDITIONS (Check appropriate blocks.) | | | |
|--|--|--|---|
| A. SKY | | B. WEATHER | |
| <input type="checkbox"/> DAY | | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN |
| <input checked="" type="checkbox"/> NIGHT | | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | | <input type="checkbox"/> HAZE OR SMOG | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | | <input type="checkbox"/> UNKNOWN |
| | | | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | (2) MOON |
|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT |
| <input checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> MANY | <input type="checkbox"/> MOON WITH HALO |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> MOON HIDDEN BY CLOUDS |
| | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

A LIGHT BEHIND US ~~OVER~~ OVER SOME STEPS

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

IT WAS TOO FAR AWAY TO TELL IF IT WAS DARK OR LIGHT. IT WAS SELF-LUMINOUS. THE LIGHT WENT FROM RED TO WHITE. THEN BACK. COULDN'T TELL IF IT WAS SOLID, FUZZY ETC. APPEARED AS A PT. OF LIGHT. STARS DON'T MOVE LIKE THIS DID

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
| | MOVE IN A STRAIGHT LINE? | <input checked="" type="checkbox"/> | | |
| | STAND STILL AT ANYTIME? | <input checked="" type="checkbox"/> | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | <input checked="" type="checkbox"/> | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | <input checked="" type="checkbox"/> | | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | | <input checked="" type="checkbox"/> | |
| | CHANGE SHAPE? | | <input checked="" type="checkbox"/> | |
| | FLASH OR FLICKER? | <input checked="" type="checkbox"/> | | |
| | DISAPPEAR AND REAPPEAR? | | <input checked="" type="checkbox"/> | |
| | SPIN LIKE A TOP? | | <input checked="" type="checkbox"/> | |
| | MAKE A NOISE? | | <input checked="" type="checkbox"/> | |
| | FLUTTER OR WOBBLE? | | <input checked="" type="checkbox"/> | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

A FRIEND NOTICED IT AND OBSERVED
IT A WHILE. HE THEN GOT ME.

A. HOW DID IT FINALLY DISAPPEAR?

WENT CLOSED TO HORIZON AND
FINALLY TREES COMPLETELY BLOCKED
IT OUT.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☒ YES ☐ NO. IF "YES," DESCRIBE.

TREES WERE ABOUT 250 FEET AWAY
FROM US.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

5 = APPROX.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

THE ENTIRE THING

| | |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. | |
| EYEGASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>800 MPH</u> | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>21000</u> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. | |
| <p>APPEARED AS BRIGHT AND THE SAME SIZE AS VENUS, OR A JET'S TAIL LIGHT WHEN IT WAS CLOSE.</p> | |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE. | |